

Completion of Active Treatment: Calgary and Southern Alberta

Head and Neck Cancer
Physician



[DATE]

Re: Completion of treatment

Dear Dr. _____,

Your patient [Insert name] has completed active treatment(s) for Head/Neck cancer and will now be **followed** by the primary oncology team for ongoing routine Head/Neck cancer surveillance. As patients will often rely on the shared care of both the primary oncology team and the primary care team, this letter will provide an outline of surveillance strategies, concerning signs/symptoms, expected side effects of treatment, and support mechanisms that are in place.

The evidence-based recommendations provided below outline the standard follow-up procedures for Head/Neck cancer surveillance. These recommendations are not intended to be a substitute for clinical judgment. **The primary oncology team will coordinate all periodic examinations and investigations (except where specified), until such time that you receive notice that the follow-up surveillance is being transitioned back to the primary care team.** While it may vary from patient to patient, most patients receiving treatment for head and neck cancer will be followed by the primary oncology team for a minimum of two years.

Surveillance for Head and Neck Cancer Recurrence

- **Periodic CT/MRI/PET Scan:** Often used by the primary oncology team to rule out evidence of recurrence, particularly in the first two years after treatment.
- **Yearly Chest X-Ray:** Anterior-Posterior as well as Lateral Views to screen for evidence of pulmonary metastatic disease or new pulmonary neoplasms.
- **Yearly Serum Thyroid Stimulating Hormone (TSH) levels:** If your patient was treated with radiation therapy as part of their Head/Neck cancer treatment regimen, they are at elevated risk of developing hypothyroidism. **(Primary care team to arrange)**
- **Periodic Clinical Examination:** If the patient is less than five years post cancer treatment and *no longer* has follow-up appointments with the oncology team, clinical examinations should be performed **every three-to-six months up to five years from treatment then annually thereafter.** This includes specific examination of the head and neck including:
 - Neck palpation
 - Oral cavity examination in addition to routine physical examination
 - Patients may perform self-examination of their head and neck region every month
- Regular preventative age-appropriate health screening (i.e., Pap smear, clinical breast examination, blood sugars) is recommended (primary care team to arrange).

At any time if you have concerns or are in need of more information, please contact the referring oncologist/surgeon by calling the Head & Neck triage number at **587-231-4365**.

Complications and Late Effects of Head and Neck Cancer Treatment

Following treatment for Head/Neck cancer, your patient may present with some of the complications outlined below. Please continue to monitor and address concerns related to cancer therapy during the follow-up period. Accessing various aspects of the allied health care team for head and neck cancer patients is best coordinated through the nurse coordinator, who can be contacted at 587-231-4365.

Complications	Treatment-related causes	Actions
Fatigue	Radiation Chemotherapy	<ul style="list-style-type: none"> Fatigue should start to improve within months of treatment completion. Persistent or recurrent fatigue warrants further work-up to rule out other potential causes. For more information, please refer to the Cancer-Related Fatigue Guideline. Consider referral to Alberta Cancer Exercise Program (www.albertacancerexercise.com).
Dysphagia or Odynophagia	Radiation Surgery	<ul style="list-style-type: none"> Difficulty with eating and drinking is often due to altered anatomy related to surgical removal of cancers or changes caused by radiation. Issues with oral intake should improve within the first three months of treatment completion, some patients may experience symptoms longer and should be encouraged to follow-up with a speech language pathologist and registered dietitian. Persistent issues warrant further work up to rule out other causes. Referral to local speech language pathology services can be made.
Wound breakdown/ Infection	Surgery Radiation	<ul style="list-style-type: none"> Patients can experience poor wound healing in the early stages after treatment is completed Signs of this include separation of the skin incisions, drainage from the wound (either skin or mouth), swelling, redness of treated areas Referral to the primary oncology team/head and neck surgeon for assessment and treatment
Lymphedema	Neck Dissection Radiation	<ul style="list-style-type: none"> Early symptoms include neck discomfort and may be present with/without overt swelling. Referral to local rehabilitation therapy services (e.g. physiotherapy) or a rehabilitation oncology clinic.
Xerostomia (dry mouth)	Radiation Neck Dissection Surgery	<ul style="list-style-type: none"> Symptoms of dry mouth and altered taste begin to improve within weeks after radiation but may take more than one year post-radiation to maximally improve. Some degree of chronic dry mouth post radiation is common. This can be improved by increasing water intake, using xylitol-based chewing gum or rinses, or potentially a trial of salagen therapy (prescription drug).
Jaw stiffness/ fibrosis	Radiation Neck Dissection	<ul style="list-style-type: none"> Jaw stiffness, restricted range of motion and discomfort may develop months to years after radiation and surgery. Referral to local rehabilitation therapy services (e.g. physiotherapy) or a rehabilitation oncology clinic.

Complications	Treatment-related causes	Actions
Nasal dryness / sinus congestion	Radiation	<ul style="list-style-type: none"> See comments in EOT patient notes
Skin hypo or hyperpigmentation	Radiation	<ul style="list-style-type: none"> Patients may develop lighter or darker skin, or pink or red patches within the treated area months to years after radiation. The radiation oncologist can help evaluate the area if there is a concern and determine if referral to a dermatologist is warranted.
Neck fibrosis	Radiation Neck Dissection	<ul style="list-style-type: none"> Neck stiffness, restricted range of motion and discomfort may develop months to years after radiation and surgery. Referral to local rehabilitation therapy services (e.g. physiotherapy) or a rehabilitation oncology clinic.
Shoulder dysfunction	Neck Dissection	<ul style="list-style-type: none"> Shoulder dysfunction commonly occurs following neck dissection procedures, recovery may take months to years. Referral to local rehabilitation therapy services (e.g. physiotherapy) or a rehabilitation oncology clinic.
Osteoradionecrosis	Radiation	<ul style="list-style-type: none"> Radiation may result in decay or death of treated bone. Patients may present with oral pain, drainage or bone exposure on mandible or maxilla. Oral pain should be investigated appropriately and if suspected to have osteoradionecrosis, refer to head and neck surgeon and/or oral maxillofacial surgeon for further work up and management.
Hearing loss and tinnitus	Chemotherapy Radiation	<ul style="list-style-type: none"> Chemotherapy and radiation therapy may result in long-term hearing deficits. Referral to audiology is indicated if treatment related hearing loss /or tinnitus is suspected.
Psychosocial distress	Stress of Cancer Treatment Fear of Recurrence Post-treatment Adjustments	<ul style="list-style-type: none"> Increasing helplessness /hopelessness, distress, anxiety or depression may be present. Patients experiencing these symptoms should be encouraged to inform their oncology treatment team for appropriate psychosocial referral.
Sleep apnea	Effects of Chemotherapy and Radiation	<ul style="list-style-type: none"> Sleep apnea often presents as fatigue during the day. Referral to a specialist for a sleep study or counselling is indicated.
Thyroid problems	Radiation	<ul style="list-style-type: none"> Radiation induced hypothyroidism may occur following head & neck cancer treatment. Routine assessment of thyroid gland function is recommended annually after radiotherapy in the neck area.
Weight loss	Radiation Surgery Depression	<ul style="list-style-type: none"> Weight loss may result from difficulties swallowing and resultant decreased food intake; altered presentation of food may also affect nutritional intake. Monitor patients who are at risk and refer to a registered dietitian as necessary.

Patient Support and General Recommendations

Your patient has received an [After Treatment](#) book and the [Newly Diagnosed](#) book with resources to help. Other resources include:

- Cancer Care Alberta** www.cancercarealberta.ca

- **Head and Neck Cancer Support Group:** <https://wellspringalberta.ca/>

Patients who are either going through treatment or who have completed treatment meet regularly at Wellspring in Calgary. Wellspring is a community-based support centre offering programs and services that caters to the emotional, practical, social and restorative needs of people living with cancer and their caregivers. A referral is not required to partake in Wellspring services and programs. These programs and services are provided at no cost to the patient.

Counselling and Support: Post-treatment adjustment should be assessed. If issues are identified, treat or refer to an appropriately trained professional. Resources are available from the following sources in Calgary and Southern Alberta (Community Cancer Centre patients should call the nearest Associate or Tertiary site):

- Calgary: 587-231-3570
- Lethbridge: 403-388-6814
- Medicine Hat: 403-529-8817
- Other communities can visit www.ahs.ca/cpn and select “Provincial Cancer Patient Navigation”

Genetic Counselling: Patients should be informed to report any changes in their family history of cancer to their physician. For referral information, see the Alberta Health Services Clinical Genetic Services pages at: www.ahs.ca/info/service

Healthy Lifestyle Recommendations: Your patient is encouraged to lead a healthy lifestyle. The table below includes some evidence informed recommendations about modifiable lifestyle factors for your information.

Modifiable Lifestyle Factor	Recommendations
Physical Activity	<ul style="list-style-type: none"> • Try to be active for 2.5 hours (150 minutes) every week. • Spread out exercise throughout the day and week, such as 30 minutes five days per week. • Focus on moderate (brisk walking) to vigorous activity (jogging).
Nutrition	<ul style="list-style-type: none"> • Avoid sugary drinks and foods. • Eat a variety of vegetables, fruits, whole grains, and legumes. • Limit consumption of red meats (such as beef, pork, and lamb), and avoid processed meats. • Limit consumption of salty foods and foods processed with salt.
Dietary Supplements/ Bone Health	<ul style="list-style-type: none"> • Vitamin D: 1000 - 2000 IU per day. • Calcium: 1000 mg per day (from all sources). • Treatment and follow up as per Canadian Osteoporosis Guidelines.
Alcohol	Limit alcohol consumption (<one drink/day, <three drinks/week).
Smoking	Practice smoking cessation. For help contact Alberta Quits 1-877-710-QUIT (7848) or visit www.albertaquits.ca and www.ahs.ca/guru for the clinical practice guideline.
Sun Exposure	<ul style="list-style-type: none"> • Advise on avoidance of excessive or potentially harmful UV exposure. • Advocate for the use of sunscreen and sunglasses. • Advise against the use of indoor tanning beds. • Check skin regularly for suspicious lesion.

Modifiable Lifestyle Factor	Recommendations
Immunizations	<ul style="list-style-type: none"> Annual non-live influenza vaccination unless contraindicated. Other vaccinations as appropriate.
Other cancer screening	<ul style="list-style-type: none"> Age-appropriate screening such as breast, colorectal and other cancers. Refer to www.screeningforlife.ca/healthcare-providers-resources/ for more information.

Specific Concerns for Head and Neck Cancer Patients

Self-Image: For many patients, the head and neck region is an important part of their self-image. Psychological counselling may be helpful for improving body image satisfaction, addressing relationship concerns and reducing sexual dysfunction.

Reconstruction and Rehabilitation: The contact information below may be helpful for patients considering reconstructive/rehabilitative surgeries following Head & Neck cancer:

- Foothills Medical Centre Dental Clinic: 587-231-5676
- Otolaryngology - Head & Neck Surgery (OHN) Coordinator: 587-231-4365

Sexual Health Concerns: The Oncology and Sexuality, Intimacy, and Survivorship (OASIS) program assists patients to manage physical and emotional concerns. To refer patients to the OASIS program, contact 780-391-7664.

At any time if you have concerns, or are in need of more information, please contact the referring oncologist/surgeon by calling the Head & Neck triage number at 587-231-4365.

We appreciate your partnership in caring for this patient.

Sincerely,
The Head/Neck Tumour Team